GENERAL COMPLAINT

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS

Oscar Randles
903 4th S.W.
Paris TEXAS 75460
(Enter above the full name of each plaintiff in this action.)

4:10CV23

vs.

TEXAS Department of Insurance
Providence Insurance
Swift Trucking
(Enter above the full name of each defendant in this action. DO NOT USE "ET AL.")

I. ATTEMPT TO SECURE COUNSEL:

Please answer the following concerning your attempt to secure counsel:

A. In the preparation of this suit, I have attempted to secure the aid of an attorney as follows: (Circle One).

1. Employ Counsel

2. My Court-Appointed Counsel

3. Lawyer Referral Service of the State Bar of Texas, P. O. Box 12487, Austin, TX 78711.

B. The name(s) and address(es) of the attorney(s): _____

C. Result of the conference with counsel: _____

II. PREVIOUS LAWSUITS:

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or any other incidents. ___YES (NO)

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: _____

2. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____

3. Court: (If federal, name the district; if state, name the county.) _____

4. Docket Number: _____

5. Name of judge to whom case was assigned: _____

6. Disposition: (Was the case dismissed? appealed? still pending?)

_____

_____

7. Approximate date of disposition: _____

III. PARTIES TO THIS SUIT:

A. Name and address of each plaintiff: Oscar Randles
903 4th SW
Paris, Tx 75460

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant#1: Texas Department of Insurance
7551 Metro Center Dr Suite 100 MS-94
Austin, Tx 78744

Defendant #2: Providence Insurance
P.O. Box 700370
San Antonio, Texas 78270

Defendant #3: Swift Transportation
2200 South 75th Ave
Phoenix, AZ ~~85043~~ 85043

Defendant #4:

IV. STATEMENT OF CLAIM:

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra pages if necessary.)

Please read Attached statement from insurance Co.

PROVIDENCE
Insurance & Administrative Services

November 17, 2009

CERTIFICATE OF MAILING

Oscar Randles
903 4th Southwest St
Paris, TX 75460

RE: Employer: SWIFT Transportation Co., Inc.
Date of Injury: 12/22/08
Adverse Benefit Determination

Dear Mr. Randles:

Providence Risk & Insurance Services, Inc. is the Third Party Administrator for the SWIFT Transportation Co., Inc. Injury Benefit Plan for Texas Employees. Your claim for benefits has been reviewed for an injury on 12/22/08. This letter is to inform you that the Plan hereby denies your claim for further benefits under the Plan. Any benefits previously authorized by the Plan will be paid, but nothing further.

On 7/22/09 we received the report from your Independent Medical Exam that was performed on 7/13/09. In the report, the doctor recommended a psychological evaluation and Functional Capacity Evaluation with regard to your 12/22/08 injury. After review of the 8/24/09 Psychological Evaluation and the Functional Capacity Evaluation performed on 10/16/09 it is Dr Bauer's opinion you are at an endpoint of medical treatment and are capable of full duty as related to the date of injury 12/22/08. Further, it has been noted that you were prescribed medication used to treat depression. Mental issues are not covered under the Plan. Further medical care is denied under the Plan as medically unnecessary. Your employer does have other benefit or benefits available for the treatment of mental issues, and we encourage you to contact your employer for contact information regarding such issues.

The Plan's denial is based upon the following clauses in the Plan. Please refer to your Summary Plan Description (SPD) on page 23:

Second Medical Opinions
The Plan reserves the right to require a second medical opinion from an Approved Physician selected by the Claims Administrator for purposes of obtaining an Independent Medical Evaluation (IME) or for any other reason relating to the payment of Medical Benefits, Wage Replacement Benefits, or any other benefits under this Plan. If you refuse to be examined by an Approved Physician selected by the Claims Administrator for the second opinion, all benefits under the Plan will be suspended.

The, Claims Administrator will weigh the findings of the treating Approved Physician and the Approved Physician providing the second opinion and make a benefit determination under the Plan. However, if you disagree with the diagnosis or treatment recommended by the Approved Physician whose opinion is accepted by the Claims Administrator

P.O. Box 700370
San Antonio, Texas 78270-0370
210/495-7595
Fax 210/494-7694
www.prisatx.com
info@prisatx.com

("Physician A"), then you may request a second medical opinion. **You must notify the Claims Administrator in advance of receiving any second medical opinion in order for this opinion to be considered by the Plan.** If you provide advance notice to the Claims Administrator, then you shall have the right to a one-time examination at your own expense by another physician ("Physician B"). This examination by Physician B will be solely for the purpose of evaluating your condition and making a treatment recommendation.

Please refer to your Summary Plan Description (SPD) on page 9:

Non-Covered Injuries

- Any mental injury, emotional distress. Mental trauma or similar injury to your mental or emotional state including without limitation:

- Any physical manifestations resulting from such mental or emotional state; and

Please refer to your Summary Plan Description (SPD) on page 20 & 22:

Non-Covered Medical Services and Supplies
While the Plan provides benefits for many medical expenses, the following expenses are **not** covered by the Plan:

- Expenses which are not medically necessary, as determined by the Claims Administrator;

Appeal Process:
You may, within 180 days from the date you receive this notice, file an appeal in writing and request the Appeals Committee to review this adverse benefit determination. Any additional information or comments you may have to support the granting of the benefits you have claimed should be submitted at that time to:

SWIFT Transportation Co., Inc.
Injury Benefit Plan for Texas Employees
Appeals Committee C/O Christina Garza
2200 S. 75th Avenue
Phoenix, AZ 85043

The Appeals Committee will take all information into account when reviewing your claim, without regard to whether such information was submitted or considered in the initial benefit determination.

You may request and be provided free of charge, reasonable access to, and copies of, all documents, records and other information relevant to this claim.

The Appeals Committee shall notify you of the Plan's benefit determination within 45 days after receipt of the appeal request. The Appeals Committee may extend this period for up to an additional 45 days if the Appeals Committee determines that an extension is necessary due to matters beyond the control of the Plan. If the Appeals Committee determines that an extension is necessary, you will receive a written or

electronic notice prior to the end of the initial 45-day period. This notice will indicate the special circumstances requiring the extension and the date by which the Appeals Committee expects to make a benefit determination on your claim.

Appeal Denial:
If your appeal is denied and you receive an adverse benefit determination on review from the Appeals Committee, The Plan offers no further voluntary levels of appeal. You can pursue your right to bring an action under ERISA section 502(a).

Should you have any questions, please contact our office at 1-800-495-5950.

Sincerely,

Debbie VanDyk
Claims Manager
On Behalf of The SWIFT Transportation Co., Inc.
Injury Benefit Plan for Texas Employees

Cc Donna Bonenberger, RN, CCM
Via Electronic Mail

Dr Robert Myles
Fax: 817-445-0681

Concentra Medical Center
Fax: 817-551-1086

Scott Carlson
Via Electronic Mail

Loncar & Assoc
James Bridge (representing Mr Randles against the 3rd party)
Fax: 214-382-5938

V. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Seeking $250,000 Swift Transport
$250,000 Providence Insurance
$250,000 TDWI
$700,000 Total lost damages medical, injury

Signed this 15 (Date) day of Jan (month), 20 10 (year).

Oscar D. Landles
(Signature of each plaintiff)

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Executed on: 15-01-2010
date

Oscar D. Landles
(Signature of each plaintiff)